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09/905519 PRO

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TITLE

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## POSITION

INITIALS

ID NO.

DATE

## **FEES DETERMINATION**

O.I.P.E. CLASSIFIER

## FORMALITY REVIEW

## RESPONSE FORMALITY REVIEW

## INDEX OF CLAIMS

✓	Rejected	N	.....	.....	Non-elected
=	Allowed	I	.....	.....	Interference
—	(Through numeral)	Canceled	A	.....	Appeal
÷	.....	Restricted	O	.....	Objected

Claim	Final	Original	Date
1	1	1	
2	✓	✓	
3	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
13	✓	✓	
15	✓	✓	
16	✓	✓	
18	✓	✓	
19	✓	✓	
21	✓		
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36	+	+	+
37	+	+	+
38	+	+	+
39	+	+	+
40	+	+	+
41	+	+	+
42	+	+	+

Claim	Date
Final	Original
51	+
52	+
53	+
54	+
55	+
56	+
57	+
58	+
59	+
60	+
61	+
62	+
63	+
64	+
65	+
66	+
67	+
68	+
69	+
70	+
71	+
72	+
73	+
74	+
75	+
76	+
77	+
78	+
79	+
80	+
81	+
82	+
83	+
84	+
85	+
86	+
87	+
88	+
89	+
90	+
91	+

Claim	Final	Original	Date
111	+	+	
112	+	+	
113	+	+	
114	+	+	
115	+	+	
116	+	+	
117	+	+	
118	+	+	
119	+	+	
120	+	+	
121	+	+	
122	+	+	
123	+	+	
124	+	+	
125	+	+	
126	+	+	
127	+	+	
128	+	+	
129	+	+	
130	+	+	
131	+	+	
132	+	+	
133	+	+	
134	+	+	
135	+	+	
136	+	+	
137	+	+	
138	+	+	
139	+	+	
140	+	+	
141	+	+	